

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

RECEIVED
OFFICE OF THE
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) O'DAY, Jr (FIRST) TERENCE 2011 MAR 31 PM 04:18
SANTA MONICA, CALIF.

1. Office, Agency, or Court

Agency Name

CITY OF SANTA MONICA

Division, Board, Department, District, if applicable

COUNCIL MEMBER

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: SANTA MONICA BAY RESTORATION Commission

Position:

ALTERNATE

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of SANTA MONICA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Assuming Office: Date ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: ____

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/28/11
(month, day, year)

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name O'DAY

► NAME OF SOURCE
CATER COMMUNICATIONS
ADDRESS (Business Address Acceptable)
179 Reservoir Road San Raphael CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA Clean Car Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/19/10</u>	<u>\$33.43</u>	<u>Breakfast</u>
<u>11/19/10</u>	<u>\$11.00</u>	<u>Auto Show ticket</u>
<u>11/19/10</u>	<u>\$9.73</u>	<u>Tote bag</u>

► NAME OF SOURCE
Venice Family Clinic
ADDRESS (Business Address Acceptable)
604 Rose Ave Venice CA 90291
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/30/10</u>	<u>\$100</u>	<u>2 ARTWALK tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
LA MARATHON
ADDRESS (Business Address Acceptable)
871 Figueroa Terrace CACA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MARATHON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/18/10</u>	<u>\$55</u>	<u>Logo jacket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>O'DAY</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ENVIRONMENT NOW

ADDRESS (Business Address Acceptable)

2515 Wilshire Blvd, SM Ct 90403

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Philanthropy

YOUR BUSINESS POSITION

Executive Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Center for Autism & Related

ADDRESS (Business Address Acceptable)

19019 Ventura Blvd Tarzana, CA 91356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Therapy

YOUR BUSINESS POSITION

DIRECTOR

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____